

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/544178** FILING DATE **8-1-05**
APPLICANT(S)

4-24-06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	(1)			1		
5	(1)			1		
6				1		
7	(1)			1		
8				1		
9	(1)			1		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	10	←	9	←	←	
TOTAL CLAIMS	11		10			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS						

BEST AVAILABLE COPY